

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORKHarold Bryan

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

City of New York  
New York City Dept. of Corr.RECEIVED  
SDNY PRO SE OFFICE  
2016 MAY 26 AM 9:47

## COMPLAINT

under the  
Civil Rights Act, 42 U.S.C. § 1983  
(Prisoner Complaint)Jury Trial: ☒ Yes ☐ No  
(check one)

16CV3943

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

## I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

Harold Bryant

ID #

141-16-02246

Current Institution

Eric M. Taylor Center

Address

10-10 Hazen StreetEast Elmhurst, NY 11370

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name

City of New York

Shield #

Where Currently Employed

Address

1 Centre StreetNEW YORK, NY 10017

Defendant No. 2 Name New York City Dept. of Corrections  
 Where Currently Employed \_\_\_\_\_  
 Address 7520 Astoria Blvd  
East Elmhurst, NY 11370

Defendant No. 3 Name \_\_\_\_\_ Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_

Defendant No. 4 Name \_\_\_\_\_ Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_

Defendant No. 5 Name \_\_\_\_\_ Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_

## II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?

Eric M. Taylor Center

B. Where in the institution did the events giving rise to your claim(s) occur?

Dorm Area

C. What date and approximate time did the events giving rise to your claim(s) occur?

April 6, 2016 At approx. 4:30 P.M.



D. Facts: Due to An unruly inmate, It was ordered by Corrections Supervisors to spray the Dormitory with M-K-9 Chemical, known on Pikers Island as M.K. 9 which was sprayed recklessly throughout the dormitory for one individual was at the time unharmated and not necessary.

Such agent caused sever skin irritation, Bleary-eyed Burning as well as Struggling to continue to breath.

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

### III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. Burning eyes, Burning skin and difficulty Breathing

### IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

ERIC M. Taylor Center

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☒ No ☐ Do Not Know ☐

If YES, which claim(s)?

All

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☐

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

ERIC M. TAYLOR Center's IGRC Office

1. Which claim(s) in this complaint did you grieve?

All

2. What was the result, if any?

HAVE NOT HEARD FROM

IGRC OFFICE YET

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

Attempted to speak with Captains, Asst. Deputy wardens to no avail

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. If you did not file a grievance but informed any officials of your claim, state who you informed,



when and how, and their response, if any:

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. **Relief:**

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

I seek relief for Pain and Suffering, Mental Anguish, Furies and Post Traumatic Stress Disorder I seek Monetary damages in the amount of \$ 650,000 Thousand dollars.

VI. **Previous lawsuits:**

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ☐ No ☒

On  
these  
claims

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes \_\_\_\_\_ No ☒

On  
other  
claims

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 14 day of MAY, 2016.

Signature of Plaintiff

Inmate Number

Institution Address

Harold Bryan  
14116 02240  
ERIC M - TAYLOR CENTER  
10-10 HAZEN STREET  
EAST ELMHURST, NY  
11370

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 14 day of MAY, 2016 I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff

Harold Bryan



Bryan, Harold # 1411602240

## CITY OF NEW YORK - DEPARTMENT OF CORRECTION

## INMATE GRIEVANCE AND REQUEST PROGRAM

Form: # 7102R  
Eff.: 09/10/12  
Ref.: Dir. #3376

## DISPOSITION FORM

Attachment - C

If this is a submission not subject to IGRP process, DOC Grievance Supervisor must choose its category and write down the next steps for the inmate.

- ☐ Staff-on-inmate non-sexual assault (use of force) allegation  
☐ Staff-on-inmate sexual assault/abuse allegation  
☐ Staff-on-inmate non-sexual harassment  
☐ Inmate-on-inmate non-sexual assault allegation  
☐ Inmate-on-inmate sexual assault/abuse allegation  
☐ Inmate-on-inmate non-sexual harassment allegation  
☐ Status as an intended contraband recipient, enhanced restraint, Red ID, or centrally monitored case inmate

- ☐ Medical staff, e.g., complaints regarding quality of care, request for second medical opinion  
☐ Mental health staff, e.g., complaints regarding quality of care, request for second medical opinion  
☐ Request for protective custody (fear for safety)  
☐ Request for accommodation due to disability  
☐ Inmate disciplinary process and dispositions  
☐ Freedom of Information law request  
☒ Other *Staff complaint*

Next steps:

*A personal injury claim form provided if the complaint will be forwarded to the*

Date of Deadline for Status Update from Relevant Entity:

Inmate's Signature:

Date:

Grievance Supervisor's Signature:

Date:

*Harold Bryan*

*4/21/16*

*[Signature]*

*4/21/16*

## STEP 2: FORMAL HEARING OF INMATE GRIEVANCE RESOLUTION COMMITTEE

Formal Hearing Disposition:

Date returned to inmate:

IGRC Members Signatures:

Please decide within five business days of receipt whether to appeal (Check one box below.)

- ☐ Yes, I agree with the IGRC hearing disposition.  
☐ No, I disagree with the IGRC hearing disposition and seek to appeal to the Commanding Officer.

Inmate's Signature:

Date:

Grievance Supervisor's Signature:

Date:

## STEP 3: APPEAL TO THE COMMANDING OFFICER

Grievance Supervisor must check only one box below.

- ☐ Grievance forwarded to the Commanding Officer for action upon IGRC recommendation.  
☐ Grievance not forwarded to the Commanding Officer (explain):

Grievance Supervisor's Signature:

Date:



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Attachment B

Form: #7101R, Eff.: 09/10/12, Ref.: Dir. #3376 - page 1



City of New York - Department of Correction

# INMATE GRIEVANCE AND REQUEST PROGRAM STATEMENT FORM

Inmate's Name: <u>Harold Bryan</u>	Book & Case #: <u>1411602240</u>	NYSID # (optional): <u>056292524</u>	
Facility: <u>C-76</u>	Housing Area: <u>6 main</u>	Date of Incident: <u>April 6, 2016</u>	Date Submitted: <u>4/7/16</u>

All grievances and requests must be submitted within ten business days after the incident occurred, unless the condition or issue is ongoing. The inmate filing the grievance or request must personally prepare this statement. Upon collection by Inmate Grievance and Request Program (IGRP) staff, IGRP staff will time-stamp and issue its grievance/request reference number. IGRP staff shall provide the inmate with a copy of this form as a record of receipt within two business days of receiving it.

## Request or Grievance

10 When it may concern: On April 6, 2016, at 4:30pm there was an incident where an inmate had to be physically removed from the housing area I was in. The officers were careless and carelessly sprayed the chemical agent mh-9 through the housing unit heavily poisoning myself and other inmates and officers. I immediately request for medical attention from the officers due to me vomiting several times. I felt punished for being taken to the infirmary and not the clinic and had to wait to be seen by a doctor. My head, face and neck and chest were in pain. My throat were burning for hours due to the mh-9.

## Action Requested by Inmate

I want to be compensated for my pain and suffering in the amount of \$500,000

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by IGRP staff? ☒ Yes ☐ No  
 Do you need the IGRP staff to write the grievance or request for you? ☒ Yes ☐ No  
 Have you filed this grievance or request with a court or other agency? ☐ Yes ☒ No  
 Did you require the assistance of an interpreter? ☐ Yes ☒ No

Inmate's Signature:

Harold Bryan

Date of Signature:

4/7/16

For DOC Office Use Only

IGRP RETAINS THE DOUBLE-SIDED ORIGINAL FOR ADMINISTRATIVE RECORDS.  
 IGRP MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

Time Stamp Below:

4/20/16

Grievance and Request Reference #:

N/G

Category:

Staff Complaint

Inmate Grievance and Request Program Staff's Signature:

[Signature]

Harold Bryan #441602240  
10-10 Hazen Street  
East Elmhurst, NY 11370

U.S. District Court  
Southern District of New York  
500 Pearl Street  
New York, NY 10021

USMP3  
SDNY

Legal Mail

RECEIVED  
SDNY SC OFFICE  
2016 MAY 26 AM 9:48

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